

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

SAPC 1199
D. O. Vou. No. _____
Copy 1 of 3
Bu. Vou. No. _____

U. S. Cost Reimbursable—

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 340

To

(Payee)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				\$24,494	31
Use continuation sheet(s) if necessary						Total	\$24,494 31

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from

to

Weight

Government B/L No.

(Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

STATINTL

Date 6-16-55

*Payee

(Signature not required when a like bill is)

Title

Amount verified; correct for
(Signature or initials)

Contract No. A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

STATINTL

Approved for \$ 24,494.31

SIGN
ORIGINAL
ONLY

By

Title

Certifying Officer

Title Contracting Officer

Date

6/27/55

STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED:

STATINTL

Approving Officer

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company name as well as the company name must appear. For example:
"John Doe Company, Inc. John Smith, Secretary."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per

Title

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400010025-0

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400010025-0
Bureau Voucher for Purchase and
Services Other Than Personal

CONTINUATION SHEET

U.S. Cost Reimbursable- (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 24

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>SYSTEM 2</u> <u>CONFIDENTIAL PAYROLL</u> Direct Labor Costs properly chargeable to Contract A101 for the period 4-4-55 thru 6-5-55. <u>Week Ending</u> 4-10-55 4-17-55 4-24-55 5-1-55 5-8-55 5-15-55 5-22-55 5-29-55 6-5-55 Overhead computed at interim rate of [REDACTED] STATINTL [REDACTED] STATINTL [REDACTED] STATINTL					
						24,494	31